CITY OF MILPITAS

Building Safety Department 455 E. Calaveras Blvd. Milpitas, CA 95035 408-586-3240 www.milpitas.gov



OCCUPANCY PERMIT APPLICATION

Instructions:

- 1. All questions must be answered or designated not applicable (N/A) as appropriate.
- 2. Applicants are required to declare under penalty of perjury that the statements made herein are true.

PLEASE TYPE OR PRINT CLEARLY IN INK

D. ' N						
Business Name: Business Street Address:		Suite:	Milpitas, CA 95035			
Mailing Address:		Suite	Wilipitas, C/1 73033			
Business Phone: Fax	:	Cell:				
Business Owner Name:						
Email Address:	mail Address: Date Business Starts or Started:					
1. Please check your business type:						
☐ Office General ☐ Warehouse/Storage	☐ Restaurant	☐ Retail Store	☐ Child Care			
☐ Medical or Dental ☐ Manufacturing	☐ Religious Assembly	☐ School or Training	☐ Beauty Salon			
☐ Other (please briefly describe):						
2. Is your business same as the previous business? ☐ Yes ☐ No If No, please briefly describe the previous business: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
3. Is your business a: ☐ New Ownership	☐ New Business	☐ Change of Business Name	with Same Ownership			
4. How many square feet is your space?						
5. Is your business new to Milpitas? ☐ Yes ☐ No If yes, are you relocating from another city? ☐ Yes ☐ No If yes, which city are you relocating from?						
6. Are you relocating within Milpitas? ☐ Yes ☐ No						
7. Are hazardous materials to be used or stored in conjunction with your business?						
8. Will you be installing a new sign? ☐ Yes ☐ No						

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9. Is the building equipped with fire sprinklers? \square Yes \square No					
10. Will you be making any alterations to the space, or installing shelving over 5'-9" high, or installing equipment? ☐ Yes ☐ No If yes, please describe:					
PLEASE NOTE: No building, structure, or building service equipment regulated by the Milpitas Municipal Code and the Title 24 codes shall be erected, constructed, enlarged, altered, repaired, moved, improved, removed, converted or demolished unless a separate, appropriate permit for each building, structure or building service equipment has first been obtained from the Building Official.					
11. Are you required to have permits or clearances from any of the following agencies to operate your business at this location? If you are unsure or wish additional information, please contact the agency at the number listed below.					
County Hazardous Materials	☐ Yes	□ No	408-586-3365		
San Jose/Santa Clara Water Pollution Control	☐ Yes	□ No	408-793-5300		
County Department of Environmental Health	☐ Yes	□ No	408-918-3400		
If yes is checked to any of the above, a Certificate of Occupancy cannot be issued until the appropriate clearances have been submitted to the Building Safety and Housing Department.					
12. What is the SIC Code for your business (see list attached): The following wastewater discharge will occur at the above business address:					
☐ DOMESTIC SANITARY SEWAGE ONL			tewater from toilets and hand-washing sinks).		
Estimated domestic waste discharge to sa	•	_			
☐ COMMERCIAL/INDUSTRIAL WASTE (-				
Estimated commercial/Industrial waste di					
			guitons per ouj.		
PERMIT FEE:					
☐ New business or existing business with new ownersh fees):	ip (Fees sho	wn are as of Ju	uly 1, 2022, Please see the <u>Building Fee Schedule</u> online for current		
FIRE DEPARTMENT INSPECT BUILDING & SAFETY INSP COMMUNITY PLANNING F PLANNING FEE AUTOMATION FEE TOTAL FEE	ECTION	\$296.00 \$694.00 \$34.70 \$126.00 \$42.41 \$1193.11*	* A 2.4% credit card transaction fee will be applicable when paying online or with credit card.		
The information contained herein is familiar to me and to the best of my knowledge, accurate and complete. I further certify that the wastewater discharged to the sanitary sewer system from this business will be as represented by the above disclosure. I also understand the obligation to notify the San Jose/Santa Clara Water Pollution Control should my wastewater discharge change.					
APPLICANT SHALL BE THE OPERATOR OF THE I	BUSINESS				
Applicant Name (Print):			Title:		
Signature:			Date:		
FOR OFFICE USE ONLY:					
Planning Approval (Print):			Land Use Zone:		
Planning Signature:			Date:		
Conditions of Use:					

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STANDARD INDUSTRIAL CLASSIFICATION (SIC)

SIC#	CLASSIFICATION	SIC#	CLASSIFICATION
0742	VETERINARY		REAL ESTATE SERVICES
1520	BUILDING CONSTRUCTION	7010	HOTELS, MOTELS
2431	WOODWORKING SHOPS	7210	DRY CLEANERS
3079	PLASTIC, CHEMICALS	7215	COIN OPERATED LAUNDRIES
3272	CONCRETE MANUFACTURING	7230	BEAUTY PARLORS
3440	METAL FABRICATOR	7240	BARBER SHOPS
3470	PLASTIC SHOPS	7299	PERSONNEL SERVICES, EMPLOYMENT
			AGENCIES
3541	MACHINE SHOPS	7332	BLUEPRINT SERVICES
3676	ELECTRONIC ASSEMBLIES	7370	COMPUTER PROGRAMMING, DATA
			PROCESSING SERVICE
4224	MINI STORAGE WAREHOUSES	7384	PHOTO DEVELOPING
5074	PLUMBING SUPPLY	7394	TOOL & EQUIPMENT RENTAL
5261	FLORIST	7530	AUTOMOTIVE REPAIR SHOPS
5390	RETAIL	7531	AUTO BODY SHOP
5411	GROCERIES, MARKETS	7542	CAR WASHES
5461	BAKERIES, DONUT SHOPS	7620	ELECTRICAL REPAIR SHOPS
5510	AUTO DEALERS	7832	INDOOR MOVING THEATER
5540	GAS STATIONS	7930	BOWLING ALLEYS
5710	HOME FURNISHINGS, FLOOR COVERINGS,	7997	HEALTH STUDIOS
	APPLIANCES		
5730	RADIO, TV & MUSIC STORE	8000	OFFICE BUILDINGS
5812	FULL SERVE RESTAURANTS & FAST FOOD	8010	MEDICAL CLINICS
5912	DRUG STORES, PHARMACIES	8015	DENTAL CLINICS
5931	AUTO WRECKERS	8351	DAY CARE, NURSERY SCHOOL
6020	BANKS	8361	BOARD & CARE HOME
6310	LIFE INSURANCE SERVICES	8660	CHURCHES
6360	TITLE INSURANCE SERVICES	8710	ENGINEERING, ARCHITECTURAL & SURVEYING
			SERVICES

IF SIC CLASSIFICATION IS NOT LISTED ABOVE, CONTACT SAN JOSE/SANTA CLARA WATER POLLUTION CONTROL AT 408-793-5300.